

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/586318 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2	1		1			
3	1					
4	1					
5	1					
6	5					
7	5					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23	0					
24	0					
25	0					
26	1		1			
27	1		1			
28	1		1			
29	3		1			
30	1		1			
31	0					
32	0					
33	0					
34						
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47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			28			
TOTAL CLAIMS			33			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						